

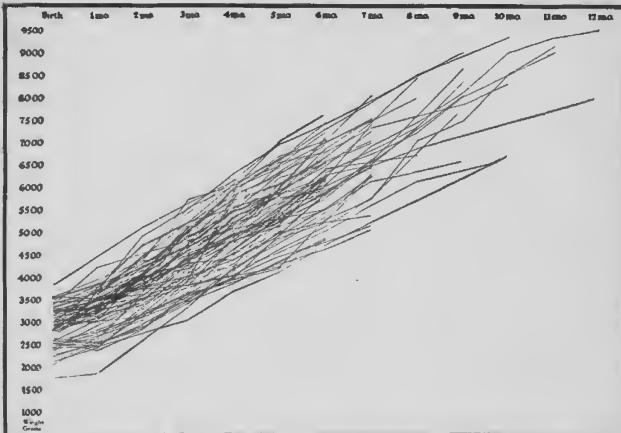


"Have we not all one father?  
Hath not one God created us?  
Why then do we deal treacherously,  
every man against his brother?"  
—MALACHI.

# BULLETIN

of the  
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# BULLETIN

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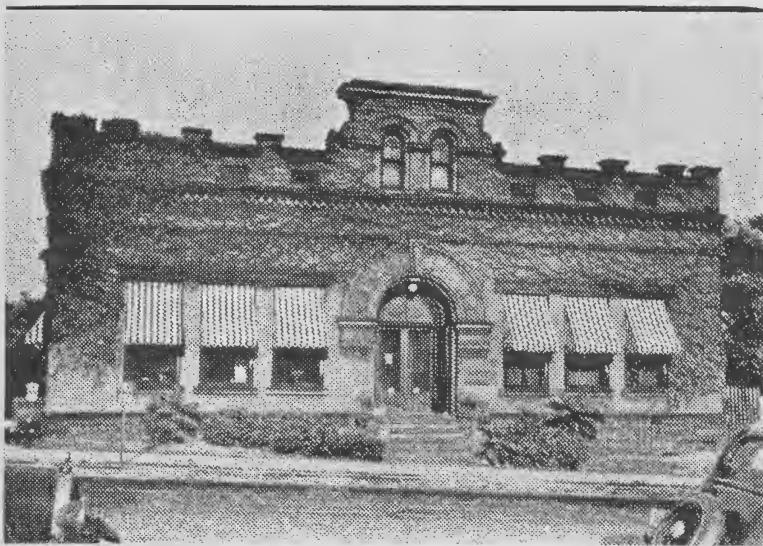
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## PRESIDENT'S PAGE

One of the first considerations in preparedness for national defense is the medical and surgical phases of the situation.

The house of delegates of the American Medical Association has already acted upon a plan presented to it by the Army Surgeon General. In answer to this, a set of resolutions was adopted at the recent meeting of the American Medical Association in New York. This is an act showing complete coöperation of one of the more important groups in the country. It is necessary that all groups of all professions and all other workers lend complete support to the country to make great strength for national defense.

It is worthy of notice that the entire populace of the country is involved in the plan of medical care. Arrangements are not limited to the care of those occupied in the army and navy, but those who stay at home as the civilian population, and those who serve as industrial workers in the war industries have been included in the medical plan.

The American Medical Association will have a complete record of the physicians of the entire country with classification of the particular phase of medical or scientific activities for which each is best fitted. Thus, a committee on Medical Preparedness has been authorized.

Recent reports from here and there show alarm relative to the effects of military disaster in the various countries of Europe. It is considered reasonable to believe that out of the slaughter, and the devastation of economic and scientific morale, inanition and disease will be rampant. Nutritional deficiencies alone should prepare the soil for epidemics of great proportions. Escape from this will be almost miraculous. Such conditions are usually not limited in territorial scope but become widespread.

For this reason, one of the chief aims of medical defense should be preparedness to meet the enemy of disease processes with all the vigor and scientific acumen available. A repetition of the experience of 1917 should be avoided as much as possible. With new discoveries, however, the armament for this phase of warfare is much more complete.

R. B. POLING, M. D., *President.*

**BULLETIN**of the  
Mahoning County Medical Society**AUGUST****1940*****Editorials---*****The Committee of the Allied Professions**

For several years we have had in Mahoning County a Committee known as "The Public Health Committee of the Allied Professions." The members of this Committee consist of two representatives appointed from each of the following organizations: The Mahoning County Medical Society, the Nurses Alumni Association, the two Hospital Organizations, and the Mahoning County Retail Druggists Association.

The objectives sought by this composite council is to give to matters of common concern that solidarity that will command a fair and just hearing, give to responsible authorities the necessary information upon which to act, and finally to bring to these authorities courage to support our views. It is but fair to say that the results fully demonstrate the necessity of such a committee.

From the beginning Dr. O. J. Walker, our President-elect, has served as chairman of the committee. Along with him, however, the representatives of the other allied groups have contributed wise counsel and ardent coöperation. By their team work alone the good and constructive work of the committee was possible.

But a still closer alliance between these groups is desirable. Let it be clear that the committee is not a Medical Society Committee nor is it the exclusive creation of any of the

groups represented. It is a separate organization, serving in a sort of liaison capacity. Every organization closely allied to medicine owes allegiance to this committee, whose usefulness has been repeatedly proved.

It seems clear that once we get socialized medicine, socialized nursing, dentistry, drug supplies, and Hospitalization will follow inevitably and soon.

We honestly believe that under socialization, services to the people would be less efficient, less effective, and ultimately more expensive than they are now. These facts, seemingly being obvious we believe we may confidently expect additions to the committee, along with increased and widened effort in matters of common interest not easily nor as effectively handled by any one of the groups acting alone.

**Good Medicine!**

When a guy offers to his guests the Nazi Salute—he'd better do it outside the confines of Uncle Sam. Because even Uncle Sam's nephews sometimes wield a wicked wallup, and may smack a fellow down for such as that. It did happen!

This is a pretty good time for folks to use both taste and tact if they propose to doublecross this land that shields their opportunities and their liberties. It is a still better time for true faith and loyalty.



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# ISALY'S PROTECTED DAIRY PRODUCTS

*August*

## CONGENITAL ATELECTASIS

By A. J. BRANDT, M. D.

The word "atelectasis" means incomplete extension. Clinically, it is the persistence of, or the return of the lung to, the unexpanded fetal state. It is seen most frequently in premature and immature feeble infants. The condition may involve the whole or scattered parts of both lungs. It is not a primary condition which is an entity in itself, but rather secondary to some condition which interferes with the mechanism of respiration.

Expansion of the lungs depends on the establishment of regular respiration and one of adequate depth. A child born asphyxiated never has had a chance to have any pulmonary expansion, hence atelectasis is an accompaniment of asphyxia. In the lungs there is a resistance to this initial expansion which initiates respiration—this is due to the cohesion of the walls of the moist air passages. This cohesive force must be overcome with the first respirations. If it is not completely overcome, some parts of the lungs may not become expanded for days in apparently normal full term infants. It would seem that some initial atelectasis is to be considered a physiological condition. Experimental work of Wilson and Farber with newborn lungs showed that first there is perihilar expansion followed by expansion in small peripheral areas without any regularity or pattern as to the location of these areas. From this work, it is not hard to understand why patches of atelectasis may persist for many days. In this initial expansion of the alveoli, the high cuboidal epithelium is mechanically distended, resulting in the flattened cells lining the air containing alveoli. The mechanism of res-

piration is a combination of chemical stimulation from the alveolar air and the blood combined with the nervous stimulation of the respiratory center located in the medulla.

As I said before, the atelectasis is a secondary condition dependent on an underlying responsible cause. These causes may be:

(1) Injury or maldevelopment of the Respiratory center. In such an event, the stimulus to breathing may be present but the center in the medulla is unable to respond in a normal manner or not at all. The intracranial damage occurring during labor is responsible for a larger number of this group.

(2) Obstruction in the Bronchial tree due to aspiration during or just before onset of labor. Amniotic sac contents, meconium, desquamated epithelial cells, and vernix, in varying amounts are found in every newborn lung. This is more true after the eighth month when cornification of the skin takes place and an increased amount of vernix caseosa is found on the body. In a series of 100 full term infants that died before the end of the second neonatal day, investigated by Wilson and Farber, about 15% showed evidence of aspiration of large amounts of contents of the amniotic sac with resultant secondary atelectasis. Many more showed atelectasis without this cause.

(3) Underdevelopment of the thorax, which is seen in the immature and premature weak infant. In this type there is a marked retraction of the thoracic wall due to the descent of the diaphragm being unopposed by any muscular or bony resistance. The intercostal and scaleni muscles are

too weak and the bony structures are too elastic. This diminishes the thoracic volume and decreases the negative pressure in the lungs which is necessary for inspiration of air. Consequently, the initial resistance to expansion is only partly and inadequately overcome and areas of atelectasis persist for varying lengths of time. The longer these atelectatic areas remain, the greater is the force required to open up these alveoli. The x-ray on such an immature infant shows a cone-shaped narrow chest, with the lateral walls tending to be concave, and the ribs forming an acute angle with the spine.

(4) Another type might be considered for completeness which perhaps is not true atelectasis. It is found in premature infants in which there is incomplete development of the parenchyma of the lungs.

Atelectasis may occur in infants of normal weight who appear to be vigorous, but usually they are small and delicate. They gain poorly in weight. Their circulation is poor, the extremities are cold, and they may run a subnormal temperature. Some of them will not cry at all, others will have a weak, whining cry. In some, the infants are asphyxiated at birth and attempts at resuscitation are only partially successful. The cyanosis deepens, and in several days, these may die from asphyxia, exhaustion, or in convulsions. In others, the children may or may not be asphyxiated at birth, and then they develop attacks of cyanosis with shallow respiration. Death may occur suddenly in one of these attacks. Frequently, such an attack is precipitated by overdistention of the stomach with food and air. The physical signs in atelectasis are much less important than the symptoms. The percussion note is usually good. In auscultation, it is frequently difficult to recognize much difference in breath sounds. More x-ray examinations would be of considerable value in

diagnosis and certainly of great interest, as well as occasionally the source of great surprise, for congenital atelectasis must be a rather common occurrence in varying degrees. Occasionally, as much as two-thirds of the pulmonary area has been found atelectatic in an infant that lived for several weeks without any noticeable cyanosis. Congenital atelectasis that has existed for some time is frequently associated with hypostatic pneumonia, and often the microscope is necessary to differentiate it from, or prove its association.

The atelectatic newborn lung and the fetal lung near term is small and bluish red in color. It is of flabby consistency, somewhat like a flabby pancreas. There are no crackles on pressure and it sinks in water. On section, it is brownish red and not unlike the lung color in pneumonia, from which of course it must be differentiated. Amniotic sac contents are found in varying amounts in the air passages and alveoli as mentioned before.

#### Treatment

A new born infant whether asphyxiated or not should be stimulated to cry lustily, and this stimulation should be repeated a number of times daily as necessary. The initial stimulation, after the upper air passage have been carefully and gently freed from mucus, may consist of vigorous massage, a hot or cold immersion bath (hot preferred), an injection of alpha lobelin or metrazol, or  $\text{CO}_2$ — $\text{O}_2$  administered with a resuscitator, or by mouth-to-mouth breathing. The intratracheal catheter used here may free the air passages from a mucus plug or aspirated blood. Bronchoscopy aid at this time would be of great help in some cases. Intramuscular injections of paternal or maternal blood should be given in cases where intracranial injury might be present. Premature care, with careful feeding, is indicated in many of these weak infants. But to allow them to lie

perfectly still in heated cribs is conducive to spread of the collapse rather than improvement. Daily systematic exercise by massage and turning and even removal from the cribs is much more helpful.

It must not be assumed that all babies with congenital atelectasis die, for doubtless a large number recover. In these the condition was probably unrecognized or called by some other name. But persistence of the condition over weeks without improvement makes the prognosis increasingly unfavorable.

#### Conclusions

(1) Congenital atelectasis is a secondary condition depending on a primary cause which interferes with the mechanism of respiration.

(2) This may be injury to or mal-development of the respiratory center, obstruction of the bronchial tree, underdevelopment of the thoracic cage, or incomplete development of the lung parenchyma.

(3) Appropriate treatment depends on the cause and is directed toward stimulation of the respiratory system to gradually expand the atelectatic areas.

(4) More x-ray examinations would be helpful in many cases from a scientific point of view as well as a guide to therapy. Bronchoscopic examination would also be helpful in the type due to aspiration, especially if the obstruction is in the larger branches of the bronchial tree.

(5) Congenital atelectasis is not a rare condition but more frequently an unrecognized condition.

In preparing this paper, I have freely used material from Griffith and Mitchell's and Holt and McIntosh's textbooks and from articles by Dunham and Wilson and Farber.

---

Men are peculiar, just as women have long suspected. For instance, a fellow who hadn't kissed his wife in five years, shot a fellow who did.

#### FINE OALR PARTY

The Youngstown members of the Pittsburgh Otological Society and the Cleveland Otolaryngological Club were hosts of a joint meeting of the two organizations, held at the Youngstown Country Club, July 10th. This is the second meeting of these groups in Youngstown, the first having been held three years ago. That these meetings are successful is evident. The many visitors by unanimous insistence declared, "It was a wonderful scientific and social session, the hosts were royally courteous, and an invitation to come back, not three years hence, but next year, was eagerly accepted."

Dr. J. M. Waugh, president of the Cleveland group, presided at the Scientific Session. The speaker, Dr. French K. Hansel, of St. Louis, is a distinguished nose and throat specialist, whose work in allergies, particularly as related to the nose and throat, is outstanding. His address was practical and interesting. As an extra feature, Dr. "Hi" Evans secured from Dr. Lyman Richards, Boston, his "provoking" movie, showing "Newer Operations for Restoration of Hearing." To be tolerated these summer days, a picture better be good: This one was!

Great praise came from everybody for the elegant showmanship and excellent music graciously donated by the Orchestra of the Medical-Dental Bureau, under the batonic direction of that virtuoso, Dr. James L. Fisher.

These unisonic masters were delightful.

Among the guests were Dr. Arthur Fisher, President-elect of the Pittsburgh Society, and Dr. Hugh Beatty, Professor of Otolaryngology, Ohio State University.

The committee on arrangements was in charge of Dr. E. C. Goldcamp, who, by the way, is the present president of the Pittsburgh Otological Society. Others of the committee were Drs. W. H. Evans, F. F. Piercy, O. J. Walker, R. E. Odom and Stanley Myers.

**DR. JOHN B. KOTHEIMER**  
**A Colleague of Yesteryear**  
**By H. E. BLOTT, M. D.**

Dr. John B. Kotheimer was born in Hessloch, near Worms, Rheinhessen, Germany, April 14, 1862. He spent his early years in his native land and after his primary schooling, pursued his classical studies at the University of Eichstadt and his medical training at Giessen. Giessen University was a contemporary of Heidelberg and it was while competing between these schools that he received the numerous face scars from saber thrusts and fencing foils which made his resemblance so strikingly similar to Teddy Roosevelt.

The young Dr. Kotheimer came to America at the age of 22, and followed his studies further in Medicine and Surgery, at Cleveland. He practised for a short time in the "Forest City" and then came to Youngstown where he established a large practice in 1885. Soon after he married Amelia Deibel, daughter of Christopher Deibel, whose five children are now, The Rt. Rev. R. C. Kotheimer, recently made Monsignor and Pastor of St. Joseph's in Canton; Mrs. Gregory Zatkovich, Mrs. Frank Moran, Mrs. Matt Hannon, and Oscar L., who was killed in France.

His first wife being deceased, in 1899 Dr. Kotheimer was married to Augusta Seigel, of Oil City, Pa. Of this second marriage there were six children, Carl, Fred, both of Youngs-

town; Frances, who is now Mrs. Ed. Sharkey; Paul, also of Youngstown, and Mary and John, deceased.

Dr. Kotheimer was a very public spirited man, and he aided a number of humane and uplifting institutions. He was the founder of the Mahoning Valley Hospital and belonged to the Mahoning County Medical Society, the Ohio Medical Society, and the American Medical Association. He was offered a post on the State Board of Health by Governor Har-

mon, but was forced to decline in favor of his other activities. He was made State Representative of the Tuberculosis Hospital at Mt. Vernon and was appointed President of the United States Board of Pension Examiners by President Grover Cleveland, and reappointed by McKinley and Roosevelt. He served on the Board of Education of Youngs-

town, 1898 to 1900. He was a member of the Knights of Columbus, the Elks, Eagles, the German American Stadts Verband and served these organizations as their physician. He was a member of St. Joseph's Catholic Church, whose Pastor the late Monsignor John Klute, was his closest friend. He was well known in Democratic circles and organized the Liberty League of America which was the first concerted effort to battle Prohibition. He died of apoplexy on August 10th, 1912.



Dr. John B. Kotheimer.

## DR. FISHER PRESIDENT M-D BUREAU

At a recent meeting of the Medical-Dental Bureau, Dr. James L. Fisher was elected President for the coming year.

Dr. Fisher succeeds Dr. Howard Hayden, whose devotion to the Bureau, and whose success in its management the membership recognize and deeply appreciate.

Dr. Fisher's well-known versatility, prudence, and energy assure steady going as he rides over the rough places. His letter to the members follows:

It is customary to elect the President of the Medical-Dental Bureau at the Board meeting held immediately after the annual dinner. But being executive officer is a big job and this year the Board members who were present gracefully sidestepped it. At the next meeting the writer accepted the position and was voted in, partly because he has always found it hard to say "no," and partly because he has been deeply interested in the Bureau ever since its beginning. So here we are, and as your new President I ask for your coöperation and friendship during the following year.

After six years of operation the Bureau finds itself in a strong financial position. The officers who preceded me have worked long and hard to establish it on a firm basis. During the past year the Bureau collected over \$68,000.00 for its members and earned a net income of \$1,600.00, increasing its surplus to \$13,700.00. This record is an enviable one. We have now reached the place where we can think what we can do for our members in the way of increasing your service, or lowering your costs, or both. The Board has discussed this matter several times and while no official action has been taken, it is their general opinion that the profits from now on should be turned back

to the membership in the form of lowered costs. That might mean lowered dues or lowered collection rates. The figures tell us that to lower dues \$1.00 per month per member would cost us about \$2,000.00 per year, which is more than our net income. To lower the general collection rate 5% would cost us about \$3,420.00 which amounts to even a larger figure. It is pretty obvious that to do anything substantial we must have more economy of operation or greater income or in other words, more net income. The present average collection commission is 27.4% which is the lowest in the Bureau's history and the lowest of any agency in town, when you consider that it includes out-of-town collections and sued accounts.

It is my personal belief that the income from collections can be increased to the point where a substantial saving can be effected to the members. Lower collection rates will attract more business to the Bureau and will return profits to the members in the form of larger checks each month. Such action will return the profits to the members who use the Bureau most, and they are the ones who deserve it.

Beginning about the first of September we will have a new manager. Negotiations are now going forward with several promising applicants. At the time that this is written the Board is considering Mr. J. L. Price, who has managed the Toledo Bureau successfully for the past several years. No definite choice has been made as yet but under the new manager the emphasis of the Bureau's activities will be placed on collections. We are going to make every effort to secure the coöperation of the men who are in charge of employe relations in the mills. We are going to use telephones, outside investigators and the services

(Continued on Page 242)

## Regular September Meeting

Tuesday, the 17th

8:30 P. M.

YOUNGSTOWN CLUB

YOUNGSTOWN, OHIO

• • •

**DR. HAROLD N. COLE**

Professor of Dermatology and Syphilology

Western Reserve School of Medicine

Cleveland, Ohio

• • •

Subject:

**Precancerous Dermatoses and Malignancy;  
Diagnosis and Treatment**

Dr. Cole is so well and favorably known to all of us as to make extended comment superfluous. It is enough to say that his vast and carefully checked experience gives assurance of his masterly handling of his subject.

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**WHAT? WHERE? WHEN?**

**the Annual Picnic**

**at MILLIKIN'S FARM**

**Wednesday, September 11th**

**1:30 P. M. on until....**

**FUN**

**PLENTY TO EAT**

**SPORTS**

## October Meeting

The FOURTH Tuesday in the Month  
October 22nd

• • •

DR. EDGAR V. ALLEN  
from  
Mayo Clinic

• • •

Subject:  
Peripheral Circulation

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## Autumn Postgraduate Series

November 14th and 15th

• • •

DR. HARRY BOCKUS  
Philadelphia, Pa.

• • •

Subject:  
Gastro-Enterology

**Dr. Fisher President M-D Bureau**

(Continued from Page 239)

of Mr. Black. The days of writing letter after letter to delinquent patients are past. We believe that successful collecting of accounts demands action—immediate and persistent action on the part of the Bureau and action on the part of the debtor. There is a great deal I want to tell you about our collection department

but that will require a full article next month.

In the meantime I want you to feel free to call me about any problems you may have connected with the Bureau. It exists solely for the services it can render to you, and I don't care whether or not it makes a dime of profit this year, provided it fulfills that function. But I do believe that if it adequately performs its purpose it will not fail to prosper.

JAMES L. FISHER, M. D.

## Stark County Postgraduate Day

CANTON, OHIO

We are very fortunate in securing an excellent group of men from The Mayo Clinic for our Annual Postgraduate Day, October 2nd. Dr. Emerson Gillespie has chosen a very representative group, which will bring lectures of interest to each and every Stark County physician.

Dr. A. W. Adson, Head of Neurosurgery of Mayo Clinic, will talk on "Diagnosis and Treatment of Major Neuralgias of the Face" in the afternoon, and "Differential Diagnosis and Treatment of Chronic Recurring Sciatica resulting from rupture of the intervertebral cartilage" in the evening.

Dr. W. A. Plummer will discuss Thyroid Disease—both medical and surgical aspects, giving two full hours to this important subject.

An important phase of Orthopedics, subject to be announced later, will be discussed by Dr. J. T. Priestley.

Dr. A. R. MacLean, consulting member of the section on Neuro-psychiatry, will give a very interesting symposium on Headache.

These are subjects a little different from what we have been hearing, and from the reputations of these speakers, we are assured that they will be handled in a masterly manner.

## GOLF-FIELD MEET EXTRY-GOOD

By J. W. C.

It's none of this reporter's business, but were you out at Southern Hills at the doctors' picnic, Wednesday, P. M., July 24th? If you were you'll agree that no recent get-together of the gang was so free and easy, cordial, good-natured—just right!

About 40 or so played-at golf. Of these, as always, 3 or 4 *played*. But those who really played the game got no more fun out of it than the others—maybe!

Then out on the lawn, the prelude to a good dinner—gossip, stories, politics (in the finest of spirit—a few bets per'aps), pingpong, the war. Probably a hundred were in on this. The world better know now, these 1940 boys will be as one for their firesides and their way of living, just as those of 1917 were.

Then into the celery-marathon, with olives and onions—chicken, and all the trimmings. Along about "coffee," the "Biggies" interrupted to tell us about our prowess and to give the prizes.

First, the door prizes. There's where skill skids one to fame and fortune. Lessons ought to be provided for those whose weakness wins no rewards in the fine art of doorprizing. They have some awfully good and consistent winnahs, durn 'em!

Dr. J. P. Keogh romped right into the paddock holding the Lyons Physician's Supply Baumanometer; Dr. O. J. Walker took the "hiding,"—i. e., (just in case we aren't specific enough) the handbag, Earl Huffman's donation; Dr. Joe Hall won by a hair bristle the toilet-case, zipper and all, just as Dr. John Heberding, whose number was only one digit away, was reaching for it: "Burny, burny," warned Dr. Hall as Dr. Heberding guiltily dropped his claim.

Folks won other prizes, too. There was the ping-pong champ, Dr. Mc-

Clintock, whose utility syringe outfit was the gracious gift of the Medical-Dental Bureau. Then the "Hagen-Bobby Jonesers"—the turf-disturbers the golfers: Dr. William "T-Green" Welsh, low gross (*vide* any and all previous reports); Dr. P. S. Williams, first low net; Dr. F. G. Irwin, 2nd low net; driving between flags on first tie, Dr. G. B. Kramer and David Endres, the hospital tycoon; closest to pin on No. 18, Dr. Saul Tamarkin; 9 blind bogey prizes, recipients: Drs. John Goldcamp, Peter Boyle, Sam Weaver, W. K. Stewart, Joe Hall, J. C. Vance, Verne Goodwin, Sam Sedwitz and Joe Rosenfeld. In all these golf winnings the prizes were golf balls. A special ticket drawing netted Dr. John Goldcamp an additional prize; *vig.*, a set of wood clubs; beginner's luck!

The mobilization was under the benevolent dictation of the Social Committee. Dr. James L. Fisher is the Chairman, and he, Dr. Wenaas (golf mogul), Dr. Ray Hall (ping-pong primate), Dr. Sam Tamarkin, (ticket collector), Dr. J. B. Kupec (general traffic manager), and Mr. Miller (manager of the club), all deserve high praise for a party that was a doozy.

### FROM THE SECRETARY

The next regular Council Meeting will be held Monday, September 9th, and the Scientific Meeting Tuesday, September 17th.

The summer activities have sure proven worth while and everyone is looking forward to the Picnic which will be held soon. The fall lectures will start in November.

The regular routine business of the Society is being conducted as usual, with nothing of importance to be reported.

John Noll, M. D.,  
*Secretary.*

## FINDINGS FROM THE FIELD

### The Road Ahead

(*Medical Annals of the District of Columbia*)

People in this country today are undergoing an ordeal such as they have not experienced since the early days of the Republic. They are discovering that contrary to what was believed only a few months ago, the United States is not impregnable in the face of world disaster. In fact, our very security is being threatened.

It is not surprising then that virtually overnight our way of thinking has changed. Things that seemed so important only yesterday are now of little moment. Tasks which have been such a vital part of our lives have become insignificant. Controversies that have troubled us are not worth thinking about. For what matter these things if our way of life is destroyed?

The question also arises—have we the character, the ingenuity, and the courage to maintain our democracy? There are many—and they are articulate—who are not so sure. Facts, they say, justify the belief that life in this country as we have known it cannot survive. Who are these prophets of disaster? Certainly not all of them are "fifth columnists," foreign agents or propagandists for radical minority groups. Surprisingly, we find among them important and undoubtedly loyal citizens. No one can question their sincerity. But where is their vaunted American spirit? Without any wish to minimize the seriousness of our present situation, this is no time for such pessimism as has been witnessed in recent weeks.

Physicians have an opportunity in this crisis to demonstrate that they have cool heads and stout hearts. It should, therefore, prove profitable to consider how they can now best serve their country.

Their primary obligation is to provide the best medical care of which they are capable. Beyond this they must seek to improve themselves, for the science of medicine is making rapid strides. Physicians who lag in knowledge and skill not only reflect upon those who keep abreast of the times, but fail in their public responsibility.

They will, as they have always done in the past, support the government. As these lines are being written, Europe is in such a chaotic state that no one knows what will happen. One thing is clear. We must prepare to defend our country. In this eventuality, the medical profession will respond with all its resources. If there is no war, physicians will support health measures which they conscientiously believe to be in the public interest. However, partisan politics must be banished from the health field if the profession is to be of the greatest service.

Finally, physicians must demonstrate their loyalty to the units of organized medicine of which they are members. Repeatedly in these columns, the need for unity and active interest on the part of members has been emphasized. There are still too many physicians who are indifferent. In these times, medical societies cannot afford the luxury of having nominal members on their rolls. There is too much at stake. For, as was stated in an editorial which appeared in the *Medical Annals* last month, the task ahead is not one for leaders in medicine alone but for the rank and file. Decisions which are made should represent the will of the majority and should have the support of all. Unless there is a general awakening to the truth of this statement, the medical profession may find itself in a situation which will be the lot of all disorganized groups.

(More Findings on Page 255)

*August*

## YOUNGSTOWN HOSPITAL INTERNS ELECT DR. MORRALL

The Ex-Interns of the Youngstown Hospital Association, at their Annual Reunion, held at the Youngstown Country Club, July 18th, elected Dr. R. R. Morrall, President for the coming year. Dr. Morrall succeeds Dr. W. K. Allsop. Dr. H. E. Kerr was elected Secretary, succeeding Dr. F. H. Simmerly.

The day's program opened at 9:00 A. M., with a clinical session at the South Unit. Drs. A. E. Brant, Morrall, J. P. Keogh, John Noll, Morris Deitchman, E. C. Baker, P. J. Fuzy, and Fred Coombs, presented papers and clinics. Dr. D. J. Leithauser, Detroit, gave a valuable discussion of the subject, "Early Ambulatory Activity following Abdominal Surgery a prevention of Complications, with Special Reference to Appendicitis." Following this the hospital, acting as hosts, gave a delightful luncheon.

In the afternoon a good number went out to the Youngstown Country Club for golf. At dinner more than a hundred staff members and friends joined the former and present interns for food and fun. The presiding officer, Dr. Allsop, launched the meeting with great informality and high good humor. His remarks lacked neither saltiness nor pungency.

Conspirators in generosity donated door prizes, as follows: Earl Huffman, a traveling bag, which was bagged by Dr. C. A. (Gus) Gustafson; Dr. Stanley Myers tied up the shoes donated by Bert Lustig; Lyons shot the works with a hypodermic set, which was securely folded into the ownership and keeping of Dr. Morrall; Beil and Evans gave numerous (12) little white spheres to the collection of Dr. W. H. Evans; Mr. Dollison of Republic Rubber, extended Dr. Blott's hose supply by 50 feet; Renner Brewing Company added two cases of beer to the seasonal joy of Dr. Owen, intern this year, and Dr.

Bateman of Pittsburgh; and Ralph White provided Dr. J. C. Vance with security against what "your best friend will hesitate to tell you about," by contributing a lovely toilet set.

Here's the way the golf prizes went: First, tied for low gross, Drs. George McKelvey and J. F. Lyden, each a golf shirt; second low gross, Dr. W. H. Welsh, 3 balls; third low gross, Dr. Kerr, 3 balls; blind bogey, Dr. Sam Schwebel, 6 balls; low putts, Dr. James D. Brown, with 30 putts for 18 holes, 6 balls; in the "ring" at 18th green, Dr. Paul Harvey, 3 balls; high score, Dr. Gordon Nelson, 132 strokes (misses, hooks and slices not counted), 3 balls. In each "nine" were 4 blind holes; Dr. Dick Gross won in the first "nine" and Dr. Brant in the second, 3 balls each.

Dr. Morrall and Baker were the committee in charge of golf and dinner.

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### American Museum of Health

World's Fair, N. Y.—Tremendous public demand for knowledge about the new "five-day syphilis cure" has been the paramount feature of the "Quiz Corner" in the Medicine and Public Health Building at the World's Fair of 1940 in New York, U. S. Surgeon General Thomas Parran said recently.

More than 30,000 persons have ballotted in special syphilis and gonorrhea information tests sponsored by the U. S. Public Health Service and the American Social Hygiene Association at the Forty Fair in the past two months. An automatic voting machine records right and wrong answers immediately.

"Is the new cure on the market?" "When will it be ready?" Will it be guaranteed?" These are among the questions that hundreds of persons ask daily in the Medicine and Public Health Building.

Medical authorities are currently experimenting with the "intravenous drip treatment"—known as the "five-day cure"—and hope to have the complete discoveries available for the public in the near future.

The present cure now takes from three to six months, depending upon the stage of the disease and the resistance of the individual.

Tests reveal that the American public believes—almost to a man—that venereal diseases are a serious national menace—that pre-marital blood tests are a necessity—and that the Federal Government should use funds to combat the diseases. The public went on record that it would contribute personal funds to the cause, if asked.

Measurement of the nation's "I Q." about syphilis and gonorrhea now being compiled at the "Quiz Corner" will be used by the U. S. Public Health Service to build a scientific program of individual and community education for the future, said Dr. Parran.

Intense public interest in the venereal disease display at the Medicine and Public Health Building has paid dividends on the special testing programs, revealed Dr. Parran. "The average visitor taking the syphilis test is becoming well-informed," he said, pointing out that 80% of the answers given are correct.

That the venereal disease educational program at the building has given the people facts upon which they can take intelligent action is being borne out in surveys, said American Social Hygiene officials today.

While exhibits in the Medicine and Public Health Building point out that "one out of every ten people have syphilis." A. S. H. A. statistics reveal that only about 4% of the people in metropolitan New York—main source of Fair attendance—are affected.

#### A. M. A. Requests Prompt Return of Preparedness Questionnaire

The Committee on Medical Preparedness asks for coöperation of every physician in promptly sending in the blank. The questionnaire is being sent at the request of the Surgeon Generals of the United States Army, Navy and Public Health Service as part of the plan for preparedness of the medical profession to enable our country to meet any emergency which may arise. It is the desire of the authorities, should an emergency arise, to place every individual capable of rendering aid in the position in which he can be of the utmost service, and also naturally where his training and experience most definitely qualify him. It is hoped that every physician will coöperate with the Committee on Medical Preparedness and with the United States government by filling out this blank and returning it at the earliest possible moment. Obviously, as physicians are needed, an attempt will be made to supply them through this mechanism. If, however, conscription should become necessary, it is important to realize that physicians who have failed to coöperate will have to take the chance of being assigned to any kind of service which may offer, and perhaps with far less possibility of rendering the quality of aid they are capable of rendering.

Our patriotic duty is clear, and there can be no honorable quibbling. Let's make Mahoning County the first to report 100 per cent.

Several physicians report that they have not received this questionnaire. To these the urgent suggestion is made that they immediately write to the Committee, in care of the A. M. A., or to the Secretary of your Medical Society.

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Teacher: And where do we find mangoes?

Pupil: Wherever woman goes.

## THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

● Cleveland doctors are starting already to prepare for the A. M. A. Convention next June. Dr. Clyde L. Cummer is the chairman of the Committee on Arrangements. The Ohio State Medical Association Convention will be held at the same time, but will consist only of business sessions. Such an arrangement is rather a bad break for us in Youngstown who would like to see an especially successful State Convention under the leadership of our Dr. Skipp. We wouldn't mind attending two conventions if they were not too close together. What we must do is get together and have our own celebration anyway. We can have a large delegation and establish our headquarters just like we did in Cincinnati. Such recognition as we have received in the State comes only once in about fifty years and we should make the most of it. Maybe we can make an impression on the national organization. It's time they found out that the Mahoning County Medical Society is in there pitching all the time.

● Attendance at the Golf Picnic was smaller this year because of the division in the Society between Wednesday and Thursday half-holidays. Since the vote that changed the day from Thursday to Wednesday this division has existed. Some of the members never changed, some changed and then went back again to Thursday. But Wednesday is still the official day and must be used in making plans for Society functions until it is changed by actual vote. In the meantime the attendance at banquets, golf days and picnics will suffer. This writer changed and now regrets it. Somehow it doesn't seem like the right day, probably because of long established habit. Those doctors who go to the office on Monday, Wednesday and Friday evenings prefer Thursday

afternoon off so that they can have the evening too. Then there is the domestic situation at home with the maid out on Wednesday, Mrs. Doctor must stay at home with the children when she would rather go somewhere with her too-seldom-seen husband. There should be another vote held on the proposition just as soon as meetings resume in September. The writer is perfectly willing to abide by the will of the majority but he believes there has been a change in sentiment and that the majority now favors Thursday.

● Speaking of office hours, why hold any office hours at night? Doctors work too hard and too long. It is commonplace for a doctor to work all day, be up on a call in the night and then work all the next day. During that time he is expected to give each patient his best attention or at least "reasonable care in keeping with the standards prevailing in the community" and to make no mistakes. There seems to be a universal pride among doctors in being able to take it, but statistics show that they can't take it long. In their early days they set themselves a pace which kills them in their fifties. After a good day's work a doctor should make a practice of relaxing with his family or friends. He should read his medical journals, daily papers and good books. During these days of shorter working hours and five-day weeks, patients can come in during the day. Many of them come to the office at night simply because the doctor is there anyway, and they make a sort of social affair of it. If the doctors would make a universal practice of seeing in the evening by appointment only those patients who cannot possibly get in during the daytime, they would have more time for family life and would live to enjoy their grandchildren.

—J. L. F.

## TUBERCULOSIS STAFF ORGANIZED

Mr. W. H. Hoobler, chairman of the Board of Trustees of the Tuberculosis Sanatorium, has announced the approval by his Board of the Medical Staff to service the Sanatorium. Dr. H. E. Patrick, chairman of the Committee on Constitution and By-Laws submitted the rules and regulations defining the authority of the staff, which the board of trustees has accepted.

The services of the staff will be on a rotating basis.

The various services will be arranged for regular and call duties. Some of them will be divided to service for specified periods of time, while others will attend only on call.

The committee appointed by Dr. R. B. Poling, president of our Society, to act as the Temporary Executive Committee to organize the staff and arrange the services consisted of the following:

Medicine, Dr. H. E. Hathhorn; Urology, Dr. P. R. McConnell; Pathology, Dr. Walter Tims; Pediatrics, Dr. E. R. Thomas; Obstetrics, Dr. H. E. Patrick; X-Ray, Dr. J. Heberding; Orthopedics, Dr. J. R. Buchanan; Dermatology, Dr. Claude B. Norris; Eye, Ear, Nose and Throat, Dr. W. H. Evans; Proctology, Dr. Paul J. Fuzy; Surgical, Dr. Dean Nesbit; Neurology, Dr. S. W. Weaver.

Any member of the Mahoning County Medical Society who signified his willingness to serve on the staff was assigned to the service of his own choice. Future additions to the staff, however, must be approved, first by the County Society; second, by the Executive Committee of the Staff; and finally by the Board of Trustees of the Sanatorium.

The staff, as now constituted, is as follows:

Medicine: Group one: Drs. Morris Deitchman (chief), H. E. Hath-

horn, P. J. Mahar, R. W. Rummell, C. A. Gustafson. Group two: Drs. John Noll (chief), J. C. Hall, Lawrence Segal, C. H. Campbell, Asher Randall. Group three: Drs. J. N. McCann (chief), H. P. McGregor, Samuel Schwebel, J. M. Basile, I. N. Ipp. Group four: Drs. C. H. Warnock (chief), Craig Wales, M. S. Rosenblum, G. A. Parilla, H. S. Banninga. Group five: Drs. P. J. Harvey (chief), R. G. Mossman, S. D. Goldberg, C. M. Askue, J. E. Allgood. Group six: Drs. A. M. Rosenblum (chief), Charles Scofield, G. E. DeCicco, N. J. Nardacci, L. A. Lander.

### Specialists' Group

Doctors who will serve as specialists and surgeons and the classifications of medicine and surgery they will work under are as follows:

Urology: P. R. McConnell, H. S. Zeve, J. S. Lewis, Brack M. Bowman and W. O. Mermis.

Pathology: W. J. Tims.

Pediatrics: E. R. Thomas, D. H. Levy and James B. Birch.

Obstetrics: Orrin W. Haulman, M. M. Yarmy, Rose Middleman, J. A. Altdoerffer, W. Z. Baker, H. E. Patrick, A. J. Brandt, John J. McDonough, A. B. Sherk, D. E. Montgomery, L. J. Goldblatt and Alice Elliott.

X-ray: John Heberding, M. H. Bachman, E. C. Baker, S. J. Tamarkin.

Orthopedics: J. R. Buchanan, C. S. Lowendorf, R. R. Morrall, W. D. McElroy, T. K. Golden and Samuel Tamarkin.

Dermatology: P. J. McOwen, A. R. Cukerbaum, M. B. Goldstein, W. P. Reckley.

Eye, Ear, Nose and Throat: S. M. Hartzell, E. C. Goldcamp, S. A. Myers, J. S. Goldcamp, Louis Deitchman, W. H. Evans, A. C. Tidd, R.

E. Odom, E. J. Wenaas and Vernon L. Goodwin.

Proctology: Paul J. Fuzy, W. C. Autenreith and W. E. Maine.

Surgeons: First surgical group: Drs. A. E. Brant (chief), Paul Kaufman, H. A. Kling, S. B. Cafaro, M. H. Steinberg. Second surgical group: Drs. F. W. McNamara (chief), G. M. McKelvey, J. D. Brown, S. J. Klatman. Third surgical group: Drs. W. B. Turner (chief), Joseph Nagle, V. A. Neel, M. P. Mahrer, J. J. Wasilko. Fourth surgical group: Drs. J. M. Ranz (chief), Gordon

Nelson, Henry Sisek, Samuel Sedwitz. Thoracic surgery: Dr. Joseph P. Keogh. Neurology: Dr. S. W. Weaver.

Doctors practicing urology treatments will give three months' service each. Doctors in charge of orthopedics will serve one month at a time, but will continue in charge of cases acquired during his term of service and will conduct treatment until the case is terminated. The eye, ear, nose and throat specialists will be divided into two groups, each group rotating in service every three months.

## CONSTITUTION AND BY-LAWS OF THE STAFF OF THE MAHONING TUBERCULOSIS SANATORIUM

### I. Name

The name of this body shall be the Medical Staff of the Mahoning Tuberculosis Sanatorium.

### II. Purpose

The purpose of the Staff shall be to bring to the patients of the Sanatorium the complete facilities of the medical profession of Mahoning County in the care and treatment of any and all illnesses and diseases by which they may be afflicted.

### III. Membership

1. The Mahoning County Medical Society shall recommend the original staff from legally qualified physicians of Mahoning County who are members of the Mahoning County Medical Society and who have signified in writing to the Secretary of the Society their willingness to serve.

2. Subsequent appointments to the staff shall consist of physicians certified by the Mahoning County Medical Society, to whom the application shall first be submitted. The application shall then be presented to the Executive Committee of the Staff. If favorably acted upon by that body, it shall be recommended to the Board of Trustees of the Sanatorium. Their

action on the application shall be final.

Corollary to the existence of such a staff, it is understood that the staff shall not change or encroach upon the authority of the duly appointed Medical Director of the Sanatorium; that the facilities and clinical material of the Sanatorium shall be utilized to the utmost for the scientific study of tuberculosis; that this service may be discontinued by either party upon three months written notice, properly served.

### Officers

The officers of the Staff shall be a President, Vice President, and Secretary-Treasurer. These officers are to be elected for one year at the annual meeting.

### Executive Committee

The executive committee shall consist of seven members of the staff. The President of the Staff and the Medical Director of the Sanatorium shall be ex-officio members of this committee. The President of the staff shall be Chairman of this committee. The duties of the committee shall be to determine the policy of the staff in conjunction with the Medical Di-

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rector and Board of Trustees. This committee shall pass upon all applications for appointment to the staff. The Executive Committee shall organize the staff membership into departments of the various specialties of medicine and surgery, and assign the staff members to specific services.

#### Meetings

Monthly meetings shall be held by the staff the fourth Tuesday of each month at 8:30 P. M., at such place as shall be designated in the notice of the meeting. The Annual Meeting shall be held the last Tuesday in November, at which meeting officers shall be elected for the ensuing year.

#### Election

The offices of President, Vice President, and Secretary-Treasurer shall be elected by ballot. The names of the two receiving the highest number of votes shall then be submitted to the meeting. The one receiving the highest number shall be declared elected to office.

The members of the Executive Committee, consisting of seven members, shall be elected by ballot as previously defined for a period of three years except the first year. The first year two shall be elected for one year, two for two years, and three for three years. Subsequent annual elections shall provide for vacancies occurring under this system. Vacancies during tenure of office in any of the elected offices shall be filled by the Executive Committee.

#### Order of Business

1. Reading of the minutes of last and any special meeting.
2. Unfinished business.
3. Communications.
4. Reports of standing Committee.
5. New business.
6. Papers of the evening.
7. Adjournment.

#### Amendments

Amendments to these By-Laws can be made by notice and reading of such amendments at a regular meeting of the Staff. Such amendments shall be voted upon at the next regular meeting.

#### Functions and Duties of the Staff

Each division of the staff shall set definite hours and days to meet with the Medical Director or Resident Physicians for the purpose of examining, discussing and instituting treatment of cases coming within the purview of their division. A record system shall be formulated, and complete records of examinations, orders, operative procedures and consultations shall be kept on each patient, and filed under proper cross indices at the termination of the patient's residence in the Sanatorium.

#### Code

The following message awaited a doctor. It was written by a maid of Polish extraction:

MRS. X KLOP SOSUMO KUMOM KLORP  
NOMARA HOWLAT TZ AGONABE KLORP.

Translated, it read, "Mrs. Sax called up. So soon you come home, call her up. No matter how late 'tis going to be, call her up."

(Submitted by Lee Pazow, M.D., Bronx, N. Y.)

#### Short Weight

11 P. M. Telephone rings.  
"Doctor, will you make a call now at—?"

"Yes, I will come at once."

"What do you charge for house calls?"

"Three dollars."

"But, doctor, the patient is only ten days old and very small. I think you should not charge the full price."

"I do not regulate my fee according to the age and weight."

"Well, don't come unless I call you again."

(Submitted by P. B. Preston, M.D., Newark, N. J.)

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*August*

## NEWS and VIEWS

Dr. and Mrs. James D. Brown and daughters Joan and Betty Jane spent an enjoyable vacation at Lake Chautauqua, N. Y.

Dr. and Mrs. S. S. Badal, Lowellville, spent two weeks of July at Chautauqua Lake, N. Y.

Dr. and Mrs. Louis Deitchman, have returned from a 10-day stay at Skerryvore, Ontario.

Dr. and Mrs. D. H. Smeltzer and son Jim were week-end guests of Mr. and Mrs. J. Mitchell Hughes, Pittsburgh.

Dr. and Mrs. L. J. Goldblatt and daughter Lois Elaine have returned from a trip to Buffalo and Niagara Falls.

Dr. W. B. Turner has arrived home from California where he was the guest of his brother W. P. Turner, Long Beach, Calif. Mrs. Turner and the children are continuing their visit.

Dr. and Mrs. J. Allen Altdoerffer, who are spending the summer at Madison-on-the-Lake have as their

guests Dr. and Mrs. J. R. Buchanan, Mrs. Stanley Myers and Mrs. W. D. McElroy.

Dr. and Mrs. John A. Renner and Dr. and Mrs. John Goldcamp are vacationing at Virginia Beach, Va.

Dr. and Mrs. Gordon Nelson and Dr. and Mrs. Samuel W. Weaver and Dr. and Mrs. John Noll are vacationing in Canada.

Dr. and Mrs. F. W. McNamara spent some time in the east having been guests at the Dietz summer home at Lido Beach, L. I., while visiting their daughter and son-in-law Mr. and Mrs. Edward Jos. Dietz, Richmond Hills.

Dr. and Mrs. B. M. Bowman and daughter Carol, Oak Noll Drive, are vacationing in Canada.

Dr. and Mrs. Harry E. Fusselman and their sons, Randolph and Harry, Jr., have returned after spending a month at Ruggles Beach on Lake Erie. Dr. Fusselman took special postgraduate work in Cleveland while at the lake.

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## NURSES' NOTES

District No. 3, O. S. N. A., will resume its activities with the September meeting.

Time: Wednesday, Sept. 11, 1940.

Place, Y. M. C. A., Youngstown, Ohio.

Speaker: Dr. Henry C. Schumaker, Cleveland, Ohio.

Subject: "What the Patient's Disease Means to Him."

\*

Miss Helen Brislane was called home from Florida because of the illness of her mother.

Misses Gladys Barr and Ann Jones are convalescing from their recent illnesses.

Miss Grace Hover, physiotherapist at Altman Hospital, Canton, Ohio, spent part of her vacation with friends in Youngstown, Ohio.

Miss Helen Kump is spending her vacation motoring along the coast of Florida.

The Nurses' Official Registry held their annual picnic at Liberty Park on August 1, 1940.

Miss Ann McGraw, science instructor at St. Elizabeth's Hospital, recently attended the Institute on Tests and Measurements given by Chicago University.

Sr. Baptista, Night Supervisor at St. Elizabeth's Hospital, and Sr. Francis Regis, head nurse on the

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August

Men's Surgical Ward at St. Elizabeth's Hospital, are taking a course in Nursing Education at Duquesne University, Pittsburgh, Pa.

On June 28 the faculty, supervisors, charge nurses, dietitians, and physiotherapists of the North and South Units of the Youngstown Hospital Association enjoyed a tour of the garden and a tea of lovely appointments at the home of Mrs. Fred Tod, President of the Women's Board of the Youngstown Hospital Association. Mrs. John Ford and Mrs. C. C. Booth poured. The members of the Women's Board were the guests of honor.

Miss Dorothy Windley has been enjoying the ocean breezes on the coast of Maine.

Miss Jennie Baker returned from her vacation at Galveston, Texas, and has resumed her duties in the Nursing Office, at the Youngstown Hospital.

Miss Ruth Neilson is on her vacation.

St. Elizabeth's Hospital Alumnae recently enjoyed their annual picnic at Liberty Park.

#### **Marriages and Announcements**

Ann Knott, head nurse in St. Elizabeth's Obstetrical Department since 1935, and Arthur Sheetz will be married on August 17, 1940.

Betty Loveland, who is engaged in private duty, and Dr. Henry C. Marsico, who interned at St. Elizabeth's Hospital and practises in Lorain, Ohio, will be married on August 24, 1940.

#### **Births**

Dr. A. and Margaret Smith Marinelly, a daughter on July 17, 1940.

Arthur and Rebecca Rosensteel Hoffman, a daughter on June 14, 1940.

Eldon and Minnie Geiger Humphrey, a daughter, Nancy Colleen on July 12, 1940.

1940

Raymond and Mary Knauf Spiker, Columbiana, Ohio, a son, Norman Scott Spiker.

Mr. and Mrs. Arthur Traynor are the parents of a son named Arthur Martin, Jr.

—G. G. Kilpatrick, R. N.

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#### **Findings from the Field**

(Continued from Page 244)

The practice of medicine is a personal, intimate matter of individual confidence and trust. It can never be successful under any other type of plan. The machine age can never invade the field of medicine, because the recipient of therapy is always a living, breathing person who by no stretch of the imagination can ever be compared to a machine. If every physician puts this idea across to each member of his clientele, the ensuing sudden silence will be both surprising and gratifying.

—Exchange.

\*

(W. W. Matson, M. D.—*Bulletin, Pierce County Medical Society*)

With a public not yet fully educated to the advances in modern medicine, it is going to require diligent effort on the part of every physician to extol the virtues and requisites of good scientific medicine, as against the evils of short cut methods of a regimented, mass production medical service. It is going to be difficult to educate the layman to the fact that his future health is not bound up in some certain brand of pink pills given without due consideration of what they are being given for, but such is the program, I believe, which faces modern medicine today.

Good scientific medicine can very well stand on its own feet, and does not need the services of high-powered, high-salaried promoters to sell it to the public, if we but only make the best use of what modern science has to offer. Practice it and preach it every day and socialized medicine will soon seek and find its own level.

## PURLOINED PHUN

College Guy: I was out with a nurse, last night.

Coed: Cheer up, maybe your mother will let you go out without her some time.—(*From the U.S.S. West Virginia Mountaineer.*)

Tommy (to Aviator): "What is the most deadly poison known?"

Aviator: "Aviation poison."

Tommy: "How much does it take to kill a person?"

Aviator: "One drop."

—Motor Topics.

## From Fred Orr's Nuggets

"The light wives and beer issue is expected to poll a record vote at the next local election."

—Corliss (Kan.) Globe.

"The ladies of the Aid Society are interested in anything you can spare around the house, an old pair of trousers, a vest, or even an old coot would be welcome."

—Loma (Cal.) Globe.

"One can peek in most any evening on this home-loving young actress and find her cuddled up in an easy chair with a good boob before a crackling log fire."

—Hollywood (Cal.) Citizen-News.

"Orange juice and prune juice, strained and unsweetened, should be fed infants regularly because of essential vitamines, and mothers should without fail start beaning their babies at the age of six months."

—St. Louis (Mo.) Post-Dispatch.

Judge: "Well, here you are again, Charlie."

Charlie: "Yassah, Boss, ah's back afo you agin, but this time I has a cause."

Judge: "Well, what is it, Charlie?"

Charlie: "Jedge, what would you do if someone steal yo' wife?"

Judge: "I'd cut her company, Charlie, and let it go at that."

Charlie: "Dat's jes' what ah did, Jedge—and ah cut him deep!"

—Motor Topics.

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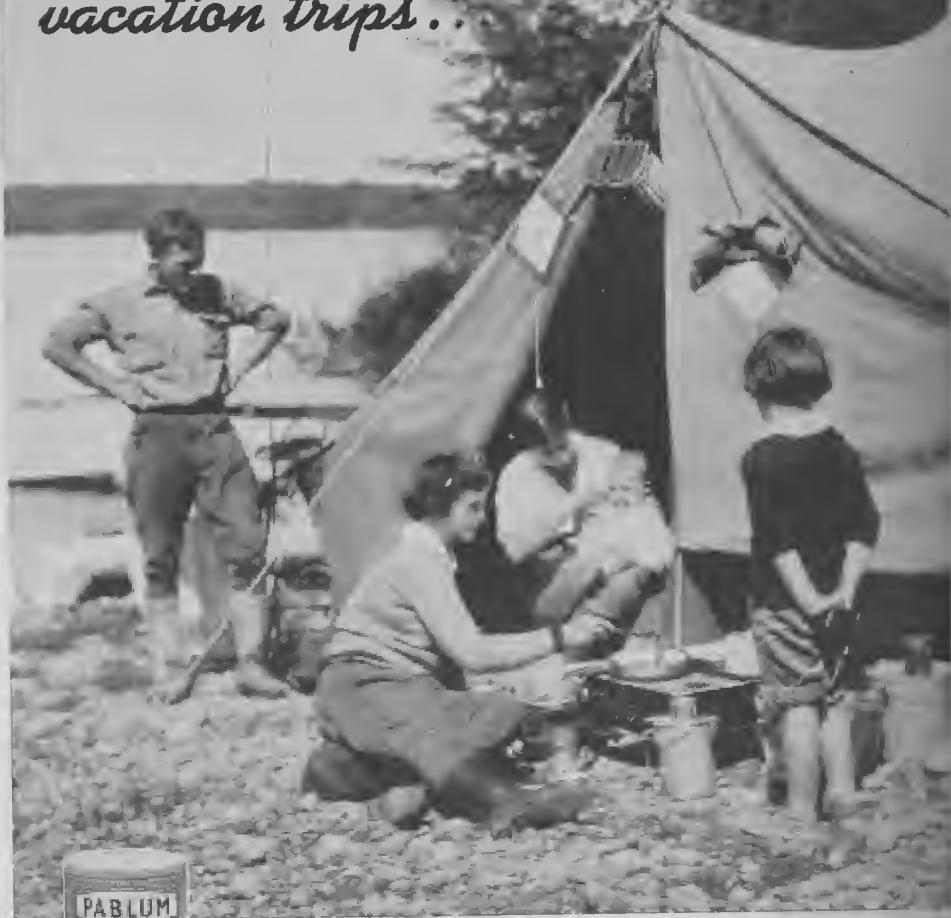
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